

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002167

FILED
Apr 27, 2009
Secretary of State

Entity Name: GRIDIRON GANG OF TAVARES, INC.

Current Principal Place of Business:

2770 WOODLEA RD
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

P O BOX 1662
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-3572181

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, GREGORY R
33741 OVERTON DRIVE
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

KEY, DONNA
101 CAMINO REAL
HOWEY IN THE HILLS, FL 34737 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DONNA KEY

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LEWIS, GREGORY
Address: 33741 OVERTON DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: P () Delete
Name: YAWN, WAYNE
Address: 2770 WOODLEA ROAD
City-St-Zip: TAVARES, FL 32778

Title: VP (X) Delete
Name: FORD, MIKE
Address: 9713 WRIGHTON DR
City-St-Zip: LEESBURG, FL 34788

Title: S () Delete
Name: VROMAN, LORI
Address: 32143 HARRIS ROAD
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: STRUTHERS, TONY
Address: 27041 CR 561
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: KEY, DONNA
Address: 101 CAMINO REAL
City-St-Zip: HOWEY IN THE HILLS, FL 34737

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LAW, MELODIE
Address: 3360 IDAMERE SHORES CT
City-St-Zip: TAVARES, FL 32778

Title: D (X) Change () Addition
Name: LEWIS, GREG
Address: 33741 OVERTON DRIVE
City-St-Zip: LEESBURG, FL 34788

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA KEY

T

04/27/2009

Electronic Signature of Signing Officer or Director

Date